

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official
capacity as President of the United States of
America, et al.,

Defendants.

NO.

DECLARATION OF
Z.C-L., LMHC

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ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
800 Fifth Avenue, Suite 2000
Seattle, WA 98104
(206) 464-7744

1 I, Z.C-L, declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make
3 this declaration based on my personal knowledge. I have chosen to refer to myself by my initials
4 in this declaration because in the current political climate I am fearful for my safety, as well as
5 for the safety of the colleagues I share a practice with.

6 2. I am a licensed Mental Health Counselor (LMHC) licensed by the Washington
7 State Department of Health, and Art Therapist. I earned a Master's degree in Marital and Family
8 Therapy with specialized training in Clinical Art Therapy from Loyola Marymount University
9 in 2017 and a Bachelor's degree in psychology from Arizona State University in 2011. I also
10 have certifications in Trauma-Focused Cognitive Behavioral Therapy, and STAY: Brief Family
11 Intervention for Adolescents. My clinical specialties include youth and families, LGBTQIA2+,
12 gender identities, anxiety, social anxiety, depression, trauma, PTSD, and C-PTSD.

13 3. I have lived in the State of Washington for 10 years. I currently live and work in
14 Seattle, Washington.

15 4. From 2017 to 2020, I worked for Sound (formerly Community Psychiatric Clinic)
16 where I provided individual, dyadic, and family therapy. In 2020 I started working with a small
17 group practice in Seattle, where I am currently the Associate Clinical Director. At our practice,
18 we provide client-centered, strengths-based mental health services to children, adolescents,
19 young adults, and families.

20 5. During my time at my group practice, I had a contract with Kaiser to help provide
21 mental health services to transgender youth and families and fill the gap in providers who work
22 with transgender persons, particularly transgender youth. Our practice is also on the referral list
23

1 for the Gender Clinic at Seattle Children's Hospital. We are an affirming practice and work with
 2 trans youth as young as 6 years old. I estimate that 50% of my current practice is supporting
 3 transgender or gender expansive youth.

4 6. I work with approximately 15 to 24 clients per week. I collaborate with my clients
 5 to create individualized treatment plans, drawing from narrative, dyadic, relational-cultural,
 6 family systems, strengths based, and cognitive and dialectic behavioral therapy (CBT and DBT)
 7 approaches.

8 7. I view my role as being able to provide my clients with a safe space, guidance,
 9 and knowledge along their journey of gender affirmance. Particularly for youth, I believe in
 10 being open and honest, asking questions, and encouraging the children to explore and
 11 investigate. I make sure that they have enough information to make the decisions about their
 12 lives and their medical treatment. Knowledge is power. I also work closely with the parents of
 13 my patients which includes exploring with them the child's history, the dynamics within their
 14 family, and often help them work through their own feelings, find support and address their own
 15 anxiety and fears.

16 8. Gender-affirming care is not limited to medical intervention. Mental health
 17 support is an important part of gender-affirming care. Sometimes getting the appropriate mental
 18 health support is enough. I work with my clients to explore the confusion they have when how
 19 they feel inside does not match what the world tells them about themselves. We work on how to
 20 have a better relationship with their body and to better understand themselves authentically. In
 21 my experience, the biggest threat to transgender youth is suicidal ideation, attempted suicide,
 22 and ultimately completed suicide. The more marginalized a child's identity, the more this threat
 23

1 increases. Access to services, both mental health and medical, if appropriate, is critical to
2 keeping this population safe. It helps normalize their experience and sense of self. It allows them
3 to have a more typical child development.

4 9. In my assessments for gender-affirming care for a young person, it is important
5 to understand what the dynamics are in the young person's family. I am at all times mindful of
6 maintaining my clients' safety. It is not uncommon for me to be the only adult in my client's life
7 that they are safe talking to about their journey. Part of my role then is to help my clients find
8 other safe adults in their life to support them. I will explore with the young person what their
9 social supports look like and make sure the family is connected to the appropriate resources. My
10 overall experience is that parents get on board. Most of the parents I work with want a happy,
11 healthy, and thriving child. When they see the difference in their children once they start
12 receiving gender-affirming care, they often get on board.

13 10. Many of the trans youth that come to me need support for gender dysphoria,
14 anxiety, depression, eating disorders, trauma, and/or suicidal ideation. In my experience, my
15 clients often have significant improvements in their mental health after receiving gender-
16 affirming care. Many of these mental health symptoms lessen or diminish. The extreme negative
17 thoughts and social isolation lessens, and they are better equipped to navigate their families,
18 communities, and society.

19 11. Gender-affirming care and transitioning are not linear. There are shifts along the
20 way. We have all had shifts along the way in how we view and express ourselves. Not many of
21 us still dress or act the same way as we did as teenagers. As a provider of mental health services,
22 I am not invested in a particular outcome. Small changes can have big impacts. Something as
23

1 simple as changing one's pronouns, and being supported in doing so, can have significant
2 impacts on how a young person feels about themselves and the world they are navigating.

3 12. In my experience providing therapy to transgender youth, I have yet to see one
4 regret their decision to transition. More often, my transgender clients express that they wished
5 they had done it sooner. Statistically speaking, gender-affirming care that involves a medical
6 intervention has one of the lowest percentages of patients regretting their decisions. The
7 percentage of patients who report experiencing regret for receiving traditional breast
8 augmentation surgery, knee replacement, and back surgery are much higher.

9 13. When a young person comes to me for services, I will do the standard general
10 assessments for anxiety and depression, using the Patient Health Questionnaire-9 (PHQ-9) and
11 General Anxiety Disorder-7 (GAD-7) tools. I will then spend a significant amount of time
12 working to build rapport and trust with my clients so that we can start to explore identity and
13 talk about how the young person sees themselves and work on any anxiety or confusion they are
14 feeling about that.

15 14. Many of the parents of transgender children I see are seeking out information
16 about what their kids are going through. My role is to help them understand what steps to take
17 and answer questions along the way. We work through the anxiety or fear they may be feeling.
18 In my experience, once parents understand better what their kids are experiencing, their own
19 anxiety lessens, and they become more confident in how to show up for their kid.

20 15. The families I work with do not enter into decisions about their child's medical
21 care lightly and these decisions do not happen quickly. I provide support during the entire
22 process, including after any transitioning.
23

1 16. Before the presidential election in November, I heard about plans for the potential
2 incoming administration to make policies negatively affecting transgender people. I noticed
3 among my clients and my community there was a lot of confusion and an increase of fear. In the
4 weeks following the presidential inauguration and after the Executive Order (EO) was issued,
5 some of my clients, who I would describe as stable, started to struggle again. Their fear about
6 how to survive in this new political climate increased acutely. Many of my clients do not see a
7 clear future for themselves and have stopped planning for one. I am deeply concerned that if
8 gender-affirming care is not available it will cause a domino effect leading to increased suicidal
9 ideation, suicide attempts, and suicide completions. It is not an exaggeration to say that for many
10 of my transgender clients this is a life and death situation.


11 17. I am also very concerned about how the EO, and the narratives around it, put my
12 clients in danger in the communities they live in. The incidents of bullying, harassment, and
13 threats have gone up significantly. All of this adds to the stress transgender youth live with and
14 puts their mental and physical health in jeopardy. Some of my clients have expressed fear that
15 they will be rounded up and are not safe going to school. My clients are afraid of being murdered.

16 18. I am also hearing concern about how insurance for gender-affirming care may be
17 affected, as well as the impact on Medicare and Medicaid. If these healthcare supports are
18 impacted negatively, clients like mine will have less access to the care they need and that will
19 be harmful to them and their families.

20 19. Since that EO came out, I have been in conversation with multiple providers who
21 work with transgender people that are concerned about how to accurately document client care
22 in a way that protects our clients' health and safety while also protecting ourselves from liability.
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1 I declare under penalty of perjury under the laws of the State of Washington and the
2 United States of America that the foregoing is true and correct.

3 DATED this 04 day of February 2025 at Seattle, Washington.
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6 Z.C-L, LMHC